

17 July 1958

OFFICE OF PERSONNEL MEMORANDUM NO. 20-410-25

SUBJECT: Use of Form 444A, Personal Resume

1. Effective immediately, the newly-designed Form 444A, Personal Resume (sample attached) will be forwarded to applicants whose qualifications are not known. The complete set of application forms (PHS, SF-89, etc.) will be transmitted only to those applicants whose qualifications and skills are of specific interest to the Agency, current or potential. It is emphasized that the new Form 444A has been designed to provide a means to screen the qualifications of applicants and is not acceptable to the Office of Security which requires a complete PHS, Appendix I, and Applicant Information Sheet No. 1 before processing.

2. Upon receipt of instructions to send the resume-type application, the Correspondence Branch of the Records and Services Division will forward two copies of the Form 444A to the applicant, requesting him to return one and to retain the other for his personal file. The applicant will be informed that further forms will be forthcoming if the Agency is interested in his qualifications.

3. If, after review of the Form 444A, it is determined that the applicant possesses qualifications of current or potential interest, a complete set of applicant forms will be forwarded. If the applicant is rejected, the Form 444A will be forwarded to the Applicant Files Section and retained for six months before destruction.

4. The Form 444A will also be utilized as an applicant "follow-up", to update qualifications of previous applicants, replacing the now obsolete Form 193.

Gordon M. Stewart  
Director of Personnel

25X1

Attachment

DOCUMENT NO. \_\_\_\_\_  
NO CHANGE IN CLASS ☒  
☐ DECLASSIFIED  
CLASS. CHANGED TO: TS S C 2011  
NEXT REVIEW DATE: \_\_\_\_\_  
AUTH: HR 10-2  
DATE 1 JUN 1981 REVIEWER: ☐

OPM 10-58

## PERSONAL RESUME

INSTRUCTIONS: Type, print or write carefully. Answer questions completely or check appropriate box. If question is NOT applicable, write "NA." If you have insufficient space, use attached sheet and refer to SECTION and ITEM number for each item continued.

## SECTION A

## GENERAL

1. NAME (Last-First-Middle)			2. DATE OF BIRTH		
3. CURRENT ADDRESS (Number, Street, City, Zone, State, Country)			4. TELEPHONE NUMBER		
5. PERMANENT RESIDENCE ADDRESS (Number, Street, City, Zone, State, Country)			6. TELEPHONE NUMBER		
7. CITIZENSHIP:		8. U.S. CITIZENSHIP ACQUIRED BY:		9. DATE AND PLACE U.S. CITIZENSHIP ACQUIRED (If not by birth)	
U.S.		BIRTH		NATURALIZATION	
OTHER - SPECIFY		MARRIAGE		OTHER - SPECIFY	
10. RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO (1) LIVE ABROAD, (2) ARE NOT U.S. CITIZENS OR (3) WORK FOR A FOREIGN GOVERNMENT (Indicate name, citizenship, relationship, address and employer - if known)					
11. MARITAL STATUS (Indicate whether single, married, divorced, separated, annulled or widowed)					
12. NUMBER OF DEPENDENTS					

## SECTION B

## EDUCATION

## 1. HIGH SCHOOL, COLLEGE OR UNIVERSITY, TECHNICAL, COMMERCIAL AND MILITARY SCHOOLS

NAME AND LOCATION	NO. YEARS COMPLETED	RECEIVED		MAJOR SUBJECT OR SPECIALIZATION	GRADE PT. AVERAGE (E.G., B+ OR 3.1)
		DEGREE	YEAR		

2. IF YOU HAVE RECEIVED A GRADUATE DEGREE REQUIRING SUBMISSION OF A WRITTEN THESIS, INDICATE TITLE OF THESIS AND BRIEFLY DESCRIBE CONTENT

## SECTION C

## SUPPLEMENTARY QUALIFICATIONS

1. LIST HOBBIES, SPORTS AND OTHER INTERESTS IN WHICH YOU HAVE ACTIVELY PARTICIPATED			
2. APPROXIMATE NUMBER OF WORDS PER MINUTE		3. RADIO OPERATOR PROFICIENCY	
TYPING	SHORTHAND	C/W SENDING	C/W RECEIVING
4. LIST LICENSES OR TRADE CERTIFICATIONS WHICH YOU HAVE ACQUIRED			

## SECTION D

## MILITARY SERVICE

1. NAME OF SERVICE	2. BRANCH OR CORPS	3. RANK, GRADE OR RATE	4. SERVICE SERIAL NUMBER
5. MILITARY OCCUPATIONAL SPECIALTY (MOS or designator) AND TITLE		6. INCLUSIVE DATES OF SERVICE (From- and to-, by mo. and yr.)	
7. BRIEF DESCRIPTION OF MILITARY DUTIES			

## SECTION E

## MILITARY OBLIGATION

1. ARE YOU REGISTERED FOR THE DRAFT?		2. SELECTIVE SERVICE CLASSIFICATION		3. IF DEFERRED, GIVE REASON	
YES		NO			
4. DO YOU HAVE RESERVE STATUS?		5. RESERVE CATEGORY		6. NAME OF SERVICE AND RESERVE UNIT TO WHICH ASSIGNED	
YES		NO			
7. ARE YOU A MEMBER OF THE ROTARY INTERNATIONAL?		8. ROTARY CATEGORY/NAME		9. ROTARY PROGRAMS (Marine PLC, etc.) SPECIFY:	

**SECTION F**

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1. INDICATE WILLINGNESS TO ACCEPT ASSIGNMENT IN EACH LOCATION NOTED (Check (X) items applicable)

WASHINGTON, D.C.	ANYWHERE IN U.S.	CERTAIN LOCATIONS ONLY (Specify):
OUTSIDE CONTINENTAL U.S.		

2. TYPE OF POSITION OR WORK FOR WHICH YOU ARE APPLYING

3. INDICATE LOWEST ANNUAL ENTRANCE SALARY YOU WILL ACCEPT (You will not be considered for positions with lower salary)

\$

**SECTION G****FOREIGN LANGUAGE ABILITIES**

1. LANGUAGE  (List below each language in which you possess any degree of competence. Indicate your proficiency to Read, Write or Speak by placing a check (X) in the appropriate box(es).)	COMPETENCE - IN ORDER LISTED R-READ, W-WRITE, S-SPEAK															HOW ACQUIRED			
	EQUIV- ALENT TO NATIVE FLUENCY			FLUENT BUT OBVIOUSLY FOREIGN			ADEQUATE FOR RESEARCH			ADEQUATE FOR TRAVEL			LIMITED KNOWL- EDGE			NATIVE OF COUNTRY	PRO- LONGED RES- IDENCE	CONTACT (with parents, etc.)	ACADEMIC STUDY (all levels)
	R	W	S	R	W	S	R	W	S	R	W	S	R	W	S				

2. INDICATE ADDITIONAL FOREIGN LANGUAGE KNOWLEDGE RELATING TO MILITARY, SCIENTIFIC OR SPECIALIZED TERMINOLOGY

**SECTION H****GEOGRAPHIC AREA KNOWLEDGE**

1. LIST SPECIALIZED AREA KNOWLEDGE SUCH AS ECONOMIC, MILITARY, POLITICAL, TERRAIN, UTILITIES, ETC.

COUNTRY OR AREA	TYPE OF KNOWLEDGE	HOW AND WHEN ACQUIRED

**SECTION I****EMPLOYMENT OR WORK EXPERIENCE**

LIST LAST POSITION FIRST. When completing "Brief Description of Duties," consider your experience carefully and provide meaningful, objective statements.

DATES EMPLOYED (From- To-)	TITLE OF POSITION
NAME OF BUSINESS OR ORGANIZATION AND LOCATION	BRIEF DESCRIPTION OF DUTIES
SALARY (Note grade if Federal service) \$ PER	
DATES EMPLOYED (From- To-)	TITLE OF POSITION
NAME OF BUSINESS OR ORGANIZATION AND LOCATION	BRIEF DESCRIPTION OF DUTIES
SALARY (Note grade if Federal service) \$ PER	
DATES EMPLOYED (From- To-)	TITLE OF POSITION
NAME OF BUSINESS OR ORGANIZATION AND LOCATION	BRIEF DESCRIPTION OF DUTIES
SALARY (Note grade if Federal service) \$ PER	
THIS DATE	SIGNATURE OF APPLICANT

NOTE: In addition to using attached sheet for item continuation, as needed, NOTE ANY MEDICAL LIMITATIONS which should be taken into account when you are considered for various assignment possibilities.

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